

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 07/22/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/26/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0		0
3404904	WESTERN HIGHLAN	3411	1484	PROVIDER TYPE AND SPECIALTY 07				
	DS LME			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		3412	253	PROVIDER TYPE AND SPECIALTY 07	0	2137	12481	10344
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		191	90	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	11	126	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		5308	40	PRIOR AUTHORIZED UNITS EXCEED	8	251	3806	3505
				D				
		5404	20	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TGS/DOS/MOD				
3404912	CATAWBA COUNTYM	191	23	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		79	2	THIS SERVICE IS NOT PAYABLE TO	0	27	1706	1679
				YOUR SUBMITTED BILLING				
		8505	2	PROVIDER TYPE AND SPECIALTY IN				
				CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	8505	10928	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	1465	FURTHER PROCESSING NECESSARY,	12	13479	13540	61
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	445	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		0	0		0	0	0	0
3404917	CENTERPOINT HUM	11	409	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8599	80	DETAIL NOT COVERED BY COMBINAT	0	499	2383	1884
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8654	4	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
3404919	GUILFORD CO MEN	8505	2088	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8599	123	DETAIL NOT COVERED BY COMBINAT	0	2300	3024	724
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8622	27	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	24	24
3404921	ORANGE PERSON C HATHAM AREA	5312	172	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	274	1224	950
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	21	37	DUPLICATE OF CLAIM-SYSTEM				
		10	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	71	242	171
		11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	FIVE COUNTY MH	8505	289	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	456	2091	1635
		120	30	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	5688	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	815	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	6962	7808	846
		8599	256	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	5313	84	PRIOR AUTHORIZED FREQUENCY EXC EDED				
		8800	51	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	421	1650	1229
		23	49	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	5	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	30	264	234
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404931	WAKE CO HUM SVC BILLING OF	21	287	DUPLICATE OF CLAIM-SYSTEM				
		5308	164	PRIOR AUTHORIZED UNITS EXCEEDS D	37	1069	12382	11313
		143	107	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404933	SOUTHEASTERN CT R FOR MH/DD	3411	433	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		3412	54	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	593	3620	3027
		120	49	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404934	ON SLOW CARTERET BEHAV HEAL	8535	221	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		8534	91	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	1	637	2260	1623
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	9	DUPLICATE OF CLAIM-SYSTEM				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	18	821	803
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	EAST CAROLINA B EHAVIORAL H	23	1	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	1	59	58
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	191	64	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
		11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	123	552	429
		8599	17	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMAN SERVICES	8508	22	CLAIM DENIED NO BUDGET FOUND				
		21	5	DUPLICATE OF CLAIM-SYSTEM	1	33	1494	1461
		8537	2	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404946	FOOTHILLS AREA MENTAL HEALTH	167	981	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
		191	21	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	1002	4384	3382